



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health

Acute Care

### I. Center Identification

Organization Name: CENTRAL INDIANA SURGERY CENTER

Street Address: 9002 N. Meridian St. Lower Level

City: Indianapolis

County: Marion

ASC Web Address:

Fiscal Year: 2012

Accredited: ☒ Yes ☐ No

Name of Accrediting Body: AAAHC

Deemed Status: ☐ Yes ☒ No

Corporate Tax Status: ☒ For Profit ☐ Non Profit

### II. Identification of Surgical Resources

|                           |   |
|---------------------------|---|
| Number of operating rooms | 2 |
| Number of procedure rooms | 1 |

### III. Utilization Statistics

|  |                    |                      |
|--|--------------------|----------------------|
| A. Total Patients and Procedures                   |                    |                      |
| Time Period  | Number of Patients | Number of Procedures |
| Persons Served in twelve-month period              | 2076               | 2572                 |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 66984  | 993                |                      |
| 65756  | 457                |                      |
| 67036  | 133                |                      |
| 66982  | 129                |                      |
| 66999  | 60                 |                      |
| 66986  | 49                 |                      |
| 65400  | 47                 |                      |

|       |    |
|-------|----|
| 65710 | 35 |
| 67041 | 35 |
| 65730 | 32 |

#### **IV. Outcomes from Surgical Procedures**

|  |   |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 2 |
|--|---|